



Waste & Underground Storage Tank Management Bureau • Methamphetamine Cleanup Program
P.O. Box 200901 • Helena MT 59620-0901 • (406) 444-5300

CLANDESTINE METHAMPHETAMINE LAB DECONTAMINATION CERTIFICATION APPLICATION					DEQ USE ONLY	
Applicant's Name <i>(Please Print or Type)</i> <div style="display: flex; justify-content: space-between; border-top: 1px dashed black; margin-top: 10px;"> First Name Middle Initial Last Name </div> <div style="display: flex; justify-content: space-between; border-top: 1px dashed black; margin-top: 10px;"> Phone E-Mail </div>					Org Unit: 574841 Fee Paid By: _____ Amount Paid: _____ Check Number: _____ Receipt Number: _____ Date Approved: _____ Date Recorded: _____	
Applicant's Address <div style="display: flex; justify-content: space-between; border-top: 1px dashed black; margin-top: 10px;"> Street or PO Box City State Zip </div>						
Applicant's Employer <div style="display: flex; justify-content: space-between; border-top: 1px dashed black; margin-top: 10px;"> Name Phone E-Mail </div>						
Employer's Address <div style="display: flex; justify-content: space-between; border-top: 1px dashed black; margin-top: 10px;"> Street or PO Box City State Zip </div>						
Please check appropriate boxes for occupations that you are seeking biannual certification.						
Application		CML Certification	Fee	Course Date	Certificate Expiration Date	Course Provider (If Applicable)
Original	Renewal					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Worker <input type="checkbox"/> Supervisor <small>(Check One)</small>	\$500			
<input type="checkbox"/>	<input type="checkbox"/>	Contractor	\$500			
<input type="checkbox"/>	<input type="checkbox"/>	Training Provider	\$500			
I hereby certify that all submitted information is true and correct.						
Signature						Date